

KENTUCKY BOARD OF NURSING
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ADVISORY OPINION STATEMENT

COSMETIC AND DERMATOLOGICAL PROCEDURES BY NURSES

Introduction

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes (KRS) Chapter 314 to regulate nurses, nursing education and practice, and to issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the citizens of the Commonwealth.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. As such, an opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice, and to facilitate the delivery of safe, effective nursing care to the public.

Accountability and Responsibility of Nurses

The Kentucky Nursing Laws (KRS Chapter 314) -- KRS 314.021(2) holds nurses individually responsible and accountable for rendering safe, effective nursing care to clients and for judgments exercised and actions taken in the course of providing care.

KRS 314.021(2) imposes individual responsibility upon nurses. Acts which are within the permissible scope of practice for a given licensure level may be performed only by those licensees who personally possess the education and skill proficiency to perform those acts in a safe, effective manner.

Nursing practice should be consistent with the *Kentucky Nursing Laws*, established standards of practice, and be evidence based.

Advisory Opinion

The Board has received multiple inquiries as to whether the performances of various health care and medical aesthetic related cosmetic and dermatological procedures are within the scope of nursing practice. As technology changes and practice evolves, nurses are increasingly involved in procedures of a cosmetic and/or dermatologic nature. Many of the clinical competencies required to perform these acts in a safe, effective manner are not gained through pre-licensure nursing education, but would be gained through the acquisition of additional education preparation and supervised clinical practice.

After review of the statutes governing nursing practice, curricula of pre-licensure and continuing education nursing programs, standards of nursing practice, evidence based articles, and study of the issues and concerns regarding cosmetic and dermatological procedures, the Kentucky Board of Nursing issued this advisory opinion statement.

I. Aesthetic Cosmetic and Dermatological Procedures, and Scope of Practice

Aesthetic cosmetic and dermatological procedures may be performed by a nurse as a part of a medically prescribed plan of care for treatment of various dermatological conditions.

Procedures referenced in this statement include, but are not limited to:

- A. Nursing prescribed care procedures**, patient/client's personal care procedures, and health maintenance and health promotion regime, as incorporated into the patient/client's nursing plan of care plan, such as:
- Hand and foot care, manicures, pedicures, facials, and massages. Such care may include, but is not limited to, physical assessment of skin and extremities, promotion of skin integrity, promotion of self image/esteem, hygiene, patient education, and nail trimming. The performance of these acts is within the scope of nursing practice when performed as a component of a plan of care. Nurses performing these actions outside a prescribed plan of care must be licensed by the appropriate regulatory agency.
- B. Medical aesthetic procedures** as ordered by a duly authorized prescriber for treatment of various dermatological conditions, as follows:
- Light treatments, such as, topical photodynamic therapy (PDT); infrared light; magenta light; UVB light, and UVA light.
 - Laser treatments, such as non-ablative lasers, cosmetic lasers for skin peels which involve ablation and removal of the superficial skin layer; intense pulsed light (IPL) and long pulsed dye (LPDL) lasers, sclerotherapy for telangiectasia, laser hair removal and non-invasive radio frequency procedures.
 - Peels/Topical procedures such as superficial chemical peels and microdermabrasion using agents such as salicylic acid, glycolic acid, jessner's solution and trichloroacetic acid at less than 20%, but do not include the use of phenol.
 - Injectable treatments (using FDA approved products only), such as Botox®, absorbable dermal fillers, and sclerotherapy of superficial veins.

It is within the scope of **licensed practical nursing practice**, for the LPN who is educationally prepared and clinically competent to perform medical aesthetic procedures (except sclerotherapy) under direct supervision of a physician or advanced registered nurse practitioner (designated nurse practitioner or clinical nurse specialist performing within scope of certification/practice). "**Direct supervision**" means the physician or ARNP provides direction to the LPN, is accessible in the immediate patient care area and available to intervene in patient care if necessary. The LPN who performs these acts should meet the criteria described in Sections II and III of this statement.

It is within the scope of **registered nursing practice**, for the RN to perform medical aesthetic procedures under supervision of a qualified physician or ARNP. "**Supervision**" means the physician or ARNP is physically on the premises where the patient is being cared for or readily available by telephone. The RN may use established standing orders or protocols¹ that have been determined by the physician/ARNP. The RN who performs these acts should meet the criteria described in Sections II and III of this statement.

In addition to the definitions cited above, the degree of supervision that should be present is addressed in various agency/organization's position statements, such as:

- The Kentucky Board of Medical Licensure's position statement on the role of the physician in supervision of laser related activities.
- The Dermatology Nurses' Association's position paper entitled "The Nurse's Role in Laser Procedures" which advises that ...nurses will deliver laser light under the direct supervision of the physician who is on-site, utilizing established protocols that have been determined by the physician at the time of his/her consultation with the patient, or at each pre-treatment session when applicable.
- The American Society for Laser Medicine and Surgery's "Policy for Use of Laser and Related Technology by the Non-Physician" which states that ...a properly trained and licensed medical professional may carry out these specifically designed procedures only under direct, onsite physician supervision.

C. Medical procedures that are not within the scope of registered nursing or licensed practical nursing practice include:

- Liposuction; hair transplants/implants; implants; ablative laser; phenol peels, and sclerotherapy of other than superficial veins. A nurse may assist a qualified provider in the performance of these procedures.

D. Other related procedures, such as body piercing, tattooing, application of permanent make-up, and electrolysis are not the practice of nursing, but are not prohibited by the *Kentucky Nursing Laws*. If a nurse chooses to perform these procedures, then the nurse is accountable and responsible for performing the acts in a safe and legal manner.

II. Educational Preparation and Clinical Competency

Each nurse is required to possess the educational preparation and current clinical competency to perform acts within a safe and effective manner. The nurse should have documented educational preparation, supervised clinical practice experience, and ongoing competency validation appropriate to responsibilities, treatment provided, and the patient/population served. The documentation should be readily available in the nurse's personal file and/or personnel file.

In order to ensure patient safety, the nurse should minimally gain and demonstrate the following knowledge and skill prior to engaging in cosmetic and dermatological procedures:

¹ See excerpt from Advisory Opinion Statement (AOS) #14 "Roles of Nurses in the Implementation of Patient Care Orders" on Page 5 of the statement. See the Board's website at www.kbn.ky.gov for the complete statement.

- A. Anatomy, physiology, pathophysiology regarding the integumentary system as well as systems specific to the procedure(s) being performed.
- B. Proper technique for each dermatologic procedure.
- C. Proper client selection, history taking, physical assessment parameters, indications and contraindications for treatment.
- D. Pharmacology including drug actions/interactions, side effects, contraindications, and untoward effects.
- E. Proper selection, maintenance and utilization of equipment.
- F. Ability to articulate realistic and expected outcomes of the procedure.
- G. Ability to describe potential complications and side effects.
- H. Nursing care required and appropriate nursing interventions in the event of complications or untoward outcomes.
- I. Management of complications or adverse reactions.
- J. Infection control.
- K. Safety precautions.
- L. Documentation appropriate to the type of the procedure being performed.

III. Practice Setting

Any nurse who is going to engage in medical aesthetic cosmetic or dermatologic procedures should ensure that the following criteria are met prior to participating in those procedures:

- A. Medical aesthetic procedures are performed after an initial assessment/evaluation has been performed and treatment plan developed by a physician or ARNP. The registered nurse may apply standing orders and protocols.
- B. The prescribing/supervising physician/ARNP has the knowledge and ability to perform the procedure(s) independently.
- C. The institution or practice setting maintains written policies and protocols consistent with KRS Chapter 314, applicable standards of practice, and evidence based practice, which includes, but is not limited to, provision of specific direction on equipment, patient monitoring, and directions for dealing with complications of procedures.
- D. The institution or practice setting has in place an educational/competency validation demonstration of the knowledge, skills, and abilities to safely perform the specific procedures. In addition, evaluation and documentation of competence occurs on a periodic basis according to institutional policy.

Determining Scope of Practice

In addition to this advisory opinion statement, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contains a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be obtained from the Board office or downloaded from the Board's website at <http://kbn.ky.gov>.

Applicable Statutes²

² A copy of the *KENTUCKY NURSING LAWS* may be purchased from the Kentucky Board of Nursing office, or downloaded from the Board's web site at <http://kbn.ky.gov>

KRS 314.021(2) states:

All individuals licensed under provisions of this chapter shall be responsible and accountable for making decisions that are based upon the individuals' educational preparation and experience in nursing and shall practice nursing with reasonable skill and safety.

KRS 314.011(8) defines "advanced registered nursing practice" as:

...The performance of additional acts by registered nurses who have gained added knowledge and skills through an organized postbasic program of study and clinical experience and who are certified by the American Nurses' Association or other nationally established organizations or agencies recognized by the board to certify registered nurses for advanced nursing practice. The additional acts shall, subject to approval of the board, include but not be limited to prescribing treatment, drugs, devices, and ordering diagnostic tests. Advanced registered nurse practitioners who engage in these additional acts shall be authorized to issue prescriptions for and dispense nonscheduled legend drugs as defined in KRS 217.905 and to issue prescriptions for but not to dispense Schedules II through V controlled substances as classified in KRS 218A.... The performance of these additional acts shall be consistent with the certifying organization or agencies' scopes and standards of practice recognized by the board by administrative regulation.

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm.
- b) The maintenance of health or prevention of illness of others.
- c) The administration of medication and treatment as prescribed by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
 - 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 - 3. Intervening when emergency care is required as a result of drug therapy;
 - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 - 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care.
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist.

- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board.
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.
- d) Teaching, supervising, and delegating except as limited by the board.
- e) The performance of other nursing acts, which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

Excerpts from Advisory Opinion Statement (AOS) #14: "Roles of Nursing in the Implementation of Patient Care Orders," Use of Protocols and/or Standing Orders

The terms "protocol," and "standing or routine orders," are not defined in the *Kentucky Nursing Laws* (KRS Chapter 314) and are often used differently in various health care settings. Such orders may apply to all patients in a given situation or be specific pre-printed orders of a given physician/provider. The determination as to when and how "protocols and standing/routine orders" may be implemented by nurses is a matter for internal deliberation by the health care facility.

It was the advisory opinion of the Board that nurses may implement physician/provider issued protocols and standing/routine orders, including administration of medications, following nursing assessment. Protocols/orders should be written to reflect treatment of signs and symptoms, and should include parameters for the nurse to consult the physician/provider. In addition, protocols and standing/routine orders should be officially approved by the facility medical and nursing staff, or approved by the prescriber for the individual patient.

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